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PROTECTING
CHILDREN
IN
ADOPTION

report of a conference



**PROTECTING
CHILDREN
IN
ADOPTION**

Report of a Conference Held in Washington

June 27 and 28, 1955

**U. S. DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE**

Social Security Administration

Children's Bureau

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a conference is called

ON JUNE 27 AND JUNE 28, 1955, a group of people representing national organizations came to Washington at the request of the Children's Bureau to consider "Protecting Children in Adoption". This conference was to explore possible ways of eliminating the "black market" in babies -- the selling of babies to adoptive couples -- and of promoting adequate protections for all children placed in adoption.

These individuals came from many specialities within the fields of health, law, and social work. They had in common a real concern for one or more of the three parties to an adoption -- the child, his natural or his adoptive parents.

The Bureau's concern in adoptions has roots far back in its history. But during the 8 months preceding the Conference, the Bureau had added to its staff a special consultant to explore the conditions that make possible a black market in babies or that lead to placements of babies in adoptive homes without adequate safeguards. The time had come when the Bureau wished to make a report on this information to other national organizations and to seek their knowledge and thinking on what protections are essential and how these can be assured.

The Children's Bureau staff brought to the Conference a deep conviction about the needs of children and their parents, information about the breadth of the problems around unprotected adoptions, but no preconceived solutions to them. This Conference was an effort to bring together the best thought that could be given to these problems in an atmosphere that encouraged a frank appraisal of conditions as they were known.

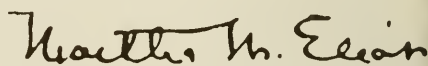
Very few of the representatives present knew the "broad spectrum" from the unmarried pregnant girl to the completed adoption. But each one did know some one of the bands making up the spectrum -- and the total could be seen only as these bands were joined.

This report, then, reflects the ebb and flow of the discussion around myriad people and problems. In an effort to transmit both the flavor and the content of the conference, the informal expression and vocabulary of the conferees have been used. However, in doing this, no attempt has been made to give a verbatim report. Rather the effort has been to keep the "sense" of the discussion intact.

The report of the Conference was compiled by Margaret A. Thornhill, special consultant on unprotected adoptive placements, Division of Social Services.

One of the heartening things to the Children's Bureau is the fact that everyone is interested in adoption -- and this interest extends far beyond the horizons of any one profession or the competency of any one individual. And it is perhaps for this reason that the report of this Conference has a special urgency.

Every agency and profession is eager for the latest information on adoptions and the combined wisdom of thoughtful people concerned with the many problems. This Conference was called in the hope that out of this wisdom and knowledge would come a new perspective that would remove the blinds narrowing the limits of our vision. This perspective, to the degree it is realized, is the measure of this report.



Martha M. Eliot, M. D.
Chief, Children's Bureau

base of the conference



conference chairman : JULIUS B. RICHMOND, M.D.
: Chairman, Department of Pediatrics
: Up State Medical Center
: State University of New York

IN BROAD TERMS this conference represents our interest in providing for each child the best opportunity for the attainment of his or her greatest potentialities as a human being. In our society, in which each individual has dignity and worth, the fact that the numbers of infants and children involved in unprotected adoptive placements may not be vast is not a primary issue.

It is perhaps appropriate that we place this conference within the perspective of the needs of all children and relate the special group under consideration to these needs. If a pediatrician has any justification for being here, it is perhaps to identify in broad terms what the basic needs for healthy personality development for young children are. Fortunately in recent years we have come to know more about the significance of early experiences for later personality development.

The intensification of interest in adoptions in recent years reflects our increasing knowledge about children. We seem to go through periods when we cannot intensify our activities because of lack of scientific data to support our theory and practices. It takes some time for us to collect and crystallize our information and knowledge around programs that merit our intensive support. We are beginning to do this in the field of adoption.

As a pediatrician, I believe I have some responsibility for pointing to the great advances in infant and child care which have been so significant in reducing infant and childhood morbidity and mortality. I stress the advances which have been made in providing good physical care, for I hope that we will not become so sophisticated psychologically that we lose sight of the fact that comfortable physical care (which includes food, clothing, housing) has great significance for psychologic development, especially for the infant. And psychological disturbance in the mother or mother substitute in turn can provide uncomfortable physical care for the infant.

We have come to recognize that the child who is comfortably

cared for is the child who develops more readily what Erik Erikson refers to as a sense of trust. And it is out of the very early experiences in infancy and early childhood that this sense of trust, this feeling of security or comfort in relationship to people begins to establish itself.

Some continuity in the life of the infant and young child is important. We recognize here the contributions of the British psychiatrist, John Bowlby. In his study of this problem he has shown rather clearly, as many of us knew in one form or another, that the establishment of a primary relationship for the human infant and young child is of tremendous import in his psychological development.

Dr. Bowlby's findings certainly need to be tempered. I don't think he ever intended for anyone to make an all-or-none interpretation of his findings and recommendations. Every child who has undergone some degree of maternal deprivation is not necessarily irreparably harmed. But certainly the chances are that children who are significantly deprived of mothering experiences early have a greater tendency to develop undue dependency, or perhaps an unduly high incidence of anti-social behavior or incapacitating emotional disorders of one kind or another. The evidence on this is rather striking.

Thus if we have learned anything at all in the field of preventive psychiatry, I think it is that maternal deprivation often has unfortunate effects on personality development. The implications of this kind of scientific data are important for our conference since adoption practices may facilitate (or interfere) with opportunities for the infant to establish a primary relationship with a mother figure.

Another point which I might mention is respect for the individuality of the young child. This places a rather considerable responsibility on those of us who are charged with the conduct of professional programs and services to children and parents or prospective parents. In order for us as professional people to provide the best kind of experience for the individual child, we learn to consider the backgrounds of natural parents and prospective adoptive parents in selecting homes for children who are the subjects of adoption. If we understand cultural patterns, we will be in a much better position to provide the kind of early relationships needed by children who come under our care. A consideration of each child's needs and those of potential adoptive parents may strikingly reduce the numbers of children previously considered "hard-to-place". In a democracy respect for the individual even in his tender years is our primary objective, and certainly is an intimate part of all of our professional training.

report to the conference



MARGARET A. THORNHILL

Special Consultant
Division of Social Services
Children's Bureau

ADOPTIONS ARE POPULAR. Witness the interest the word arouses, in the press, radio, TV, and in any conversation. This widespread interest reflects a drastic change in attitude during the past two or three decades. For the most part this change is for the good. To be an adopted child now is to be accepted and approved, and perhaps this is even more true of adoptive parents. A few years ago an adopted child was more likely to be suspect, pitied, or expected to be eternally grateful for his good fortune.

This popularity of adoptions has brought with it problems of supply and demand. Since the great demand is for young white babies, the Children's Bureau's explorations of the past eight months were concerned primarily with these babies. Although the number of such infants available for adoption has increased in recent years, the rate of increase has not kept up with the demand.

One of the outgrowths of this imbalance between the number of couples who want to adopt and the number of babies available has come a practice commonly referred to as the "black market" -- the selling of babies to adoptive couples. There is room for wide differences in opinion and judgment on many aspects of adoptions. But the idea of selling babies is intolerable. The idea is intolerable, but the practice continues.

Money is not always the prime factor in the hazardous placements of children. An even greater number of children than those placed through the black market are exposed to indiscriminate handling by individuals.

Source of Information

When we started our explorations in the Bureau, we had no evidence that the black market was extensive, or that it involved large numbers of babies. What was known about it was serious. But so were conditions surrounding other children being placed by

individuals. What we needed most of all was more information.

So, we in the Bureau decided I should start out by visiting some of the areas where it was known that a black market had existed. Specifically, New York and Florida. I also visited Tennessee where some years before the head of a social agency had placed children for profit, Chicago and Detroit where public concern had been aroused about the way in which some adoptions were being handled -- and Wisconsin, where medical, legal and social protections of adoptions were reported to be good.

I talked with directors of public welfare and their staffs, heads of voluntary adoption agencies, directors of maternity homes, public health personnel, judges, law-enforcement officials, doctors and lawyers in private practice. As the word got around about this special assignment, I received some strange phone calls: from the husband who wanted me to help him prevent his wife from getting a baby from a black marketeer; from the father of two adopted children who was so happy with his independently arranged adopted family that he had helped others get children for adoption. Oh yes, and the letter from the mother who said that four of her quintuplets had been spirited away from her in the hospital.

A former Assistant District Attorney in New York who took part in the prosecution of several black market rings made a great deal of information available.

I have talked personally with some of you as representatives of national organizations. As we studied this problem, we knew we needed the knowledge and thinking of all of you and the device that seemed to lend itself best to this was a conference where we could talk together. Your turn will come soon to add to the picture that we have obtained of conditions that exist throughout the country.

The Child Welfare League of America is conducting extensive research into the practices of adoption agencies. The results of its efforts will go a long way in making known the conditions that surround children and parents served by social agencies. Our concern in this conference is primarily with those parents and children who do not get to a social agency.

You will find four themes running throughout our report. First, the three-fold interests in every adoption, the child, his natural and his adoptive parents. Measures that protect one, likewise protect the other two. And if the interests of one are neglected, the interests of the others are in jeopardy.

Second, knowledge of community resources in the hands of those people in a position to give advice assumes major importance when considering how all adoptions can be protected.

Third, prompt handling of the immediate needs of the unmarried mother may determine whether she arrives at an acceptable solution to her dilemma, her needs for medical care, for maintenance, and for help with her own feelings and reactions.

Fourth, every mother who relinquishes her child for adoption, every child so adopted, every couple who adopts a child, needs medical, legal and social services. Nor can these services be given in isolation. Each becomes most effective when given in coordination and harmony with the others. And conversely, any one service without the other two, leaves the people involved exposed to hazards.

Demand Exceeds Supply

All of us know that the demand for white babies exceeds the supply. No one has yet figured out how to measure the demand. A frequent estimate by social agencies is ten requests to one placement. Probably this estimate includes duplications.

Unquestionably, there are people who want to adopt children who cannot get one through a recognized social agency. There aren't enough babies. There are other reasons, too. One of them is age. More and more agencies are choosing couples under forty for the placement of infants. And most agencies place children with couples of the same religious and similar racial and cultural background. Some States require such practices. Apparently fewer children are available for adoption in some religious-cultural-racial groups than in others yet the demand for these children is just as great.

Also, agencies place only a limited number of babies directly from the hospital. Many agencies are now setting the goal of three months for placement of all babies. But some couples choose an independent arrangement for a newborn infant in preference to waiting for an "agency" baby.

As a group couples associated with the armed forces have special difficulty in getting children for adoption through an agency. These people often are not in one community long enough to make up their minds they want to adopt a child, file their application, have their home studied, receive a child and complete the adoption before they are transferred. Because agencies are faced with many decisions as to how to use their very limited

staff in selecting homes for children under their care, usually they choose to allocate staff time to couples who have a stable residence.

Probably a direct result of this practice is the increasing number of members of the armed forces who are adopting foreign children -- which leads us to another area where many problems arise -- that of intercountry adoptions. The matter of supply and demand is again brought into focus. There are children in Europe and Asia who need new families but meeting the demand for children through this source of supply is not as simple as one man thought it could be. He wanted to charter a plane, fly about sixty babies here from Korea and pass them out to any couple who subscribed to his delivery service.

Adoption of foreign children can be the answer for some people. Our concern is how these people, children and parents alike, can be assured the same protections we want for adoptions within our own country.

The Unmarried Mother

Any discussion of adoption immediately leads back to the unmarried mother. The best estimates available show that 150,000¹ mothers each year give birth to a child out of wedlock. Fifty-four thousand are white. Ninety-six thousand are nonwhite. Seventy-two percent of the children adopted by nonrelatives are born to unmarried mothers. And the great proportion of these are white children.

What happens when an unmarried girl suspects she is pregnant? She may refuse to face the possibility and postpone confirmation by medical examination as long as possible. A considerable number of girls actually wait until time for delivery before they seek medical care.

The girl's first step toward advice or help is a vital one. Her actions are controlled to a large extent by the degree of her desire to keep her condition secret. Certainly her knowledge, or lack of it, about community resources will influence her selection of the person or agency to which she will turn first.

One of the first considerations for the girl seeking secrecy is to go where she is unknown. Many of these girls want to relin-

¹ National Office of Vital Statistics, Public Health Service, U. S. Department of Health, Education, and Welfare: Report on illegitimate births. February 10, 1955. 1 pp.

quish their children for adoption. They are looking for the answer to three questions: how to maintain themselves during pregnancy, how to obtain medical care, and what to do about the baby.

From the information available to us, unmarried pregnant girls are getting less medical care, and are getting it later in pregnancy, than married women.

A study² made in 1954 in New York city of 154,165 mothers, 83,344 presumably unmarried, showed that by the end of the sixth month of pregnancy 87% of the married mothers had made a prenatal medical visit, as compared with 47% of the unmarried mothers. Only 4% of the married women but 23% of the unmarried women had had no prenatal care.

Data on premature births and infant mortality suggest further correlation between marital status and medical care. A notably higher percentage of births out of wedlock occurs outside of hospitals, and higher rates of neonatal mortality -- deaths under 28 days -- are associated with nonhospital deliveries.³

Another important factor is the age of the mother at the time of child birth. Mortality rates are considerably higher for mothers under 20 than for those between 20 and 24. Some 62,000 mothers under 20 years of age give birth to a child out of wedlock each year.

More research is needed to establish more precisely the relationship between marital status of the mother and the extent and timing of the medical care she receives. That the unmarried mother is presently receiving less than she needs, and that there is a direct relationship between this fact and her unmarried status, seems clear.

The unmarried girl must face her own inner feelings as well as the outward reactions of society. If she must also face real difficulty in getting medical care and shelter, she is indeed under serious pressure. For those girls who do get to a social agency early and are offered the kind of help they can use, which covers all of these problems, the pressure is considerably diminished.

² City of New York Department of Health, Bureau of Records and Statistics. Unpublished statistics based on material recorded on confidential birth certificates. 1954.

³ National Office of Vital Statistics, Public Health Service, U. S. Department of Health, Education, and Welfare: Weight at birth and its effect on survival of the newborn in the United States, early 1950. Vital Statistics, Special Reports, vol. 39, No. 1, July 23, 1954. 33 pp. (p. 20)

Our immediate concern here is with those girls who turn to individuals for help. Who are these individuals? They can be any friendly person who will listen to the girl's story. Many of them are people who, because of their profession or because of their position in the community attract the confidence of the unmarried girl. For many girls it is their clergyman. For others it is the doctor, the lawyer, the public health nurse, the school teacher or the employer. We are told that often this first person is a druggist, possibly because she first thinks of abortion. As yet we have made no effort to learn what the pharmacists know about these girls. This is one of our unexplored areas.

How do these people respond to an unmarried pregnant girl's request for help? How can these people know how to advise the girl, and how to guide her to resources that will help her handle all the problems involved in being an unmarried mother? Frequently they do not themselves know of community resources. And all too often, community resources do not exist that will meet the particular needs of the particular unmarried mother.

Community Resources

Data are not available to show the nationwide picture of community resources. Invariably, voluntary and public agencies report inadequate funds and insufficient staff to offer medical care and social services needed by unmarried mothers and children who are or could become known to them.

Residence requirements assume great importance in the whole adoption picture in view of the fact that a large number of unmarried pregnant girls leave their home States. Many States and local communities put restrictions on the use of their free services by nonresidents. I say restrictions, not prohibitions. The restrictions may take the form of requiring some clearance with the girl's State of residence, or some contact with her parents to see if they can assume financial responsibility. The desire for secrecy may prevent her from accepting service under these conditions.

Some community chests have urged their member agencies to restrict their services to residents. Some agencies will accept the baby for adoptive placement, but cannot offer the mother any kind of maintenance other than in a maternity home, or in a wage home. Few agencies have money to pay for private medical care, even though the private physician may have referred the girl.

Behind restrictions put on the use of free services by nonresidents lie several explanations. Medical or any other kind of

help, some believe, should not be made easy for these girls, lest this would encourage illegitimacy. Some communities fear that if they open their services to all comers they may attract too many and become overburdened with the expense.

Perhaps one of the most frequent reasons for restrictions is the fear that the child will not be adoptable, and will become a long-time charge on the community or the State. An effort is made, therefore, to establish financial responsibility in the State of the girl's residence.

But the practices of agencies are changing as their knowledge and experience grow. Unfortunately, unmarried mothers and the community do not always know of these changes, and some agencies don't change very fast. If an unmarried mother thinks she will have to give information to the agency about her place of residence and her family, or that she will have to continue some responsibility for the child until he is placed for adoption, it is no wonder that the offer by an individual of maintenance and medical care with no questions asked is enticing. What the unmarried mother often fails to realize is that even with such an offer she must pay a price, a price she is not prepared to evaluate at the time -- her child.

We know that one of the first concerns of many unmarried pregnant girls is medical care. Naturally they turn to a doctor. And so do childless couples who are seeking help in getting babies to adopt.

The doctor, naturally thinks first of the well-being of his patient. Both the pregnant girl and the childless couple may be his patients. Adoption of the child may be looked upon as a way out of an embarrassing situation for the girl -- and a way to happiness for the couple. What the child may need can be lost sight of in the treatment of the needs of the patients. We know that some adoptions arranged by family physicians are successful. There are doctors, however, who are obtaining babies for couples whom they have never treated and do not know.

I have been told by a number of doctors about couples who have come to them because they do not have children. The wife is distraught. Her desire for a child has become an "obsession". Doctors have told me they feared the wife would have a mental breakdown if she did not get a child. So they have helped her secure one.

The unmarried mother may be directed to the doctor known to welcome her as a patient -- welcome her because he has found adoptive couples are more than willing to pay whatever professional fee is asked in order to get a baby. Similarly, unmarried

mothers may be directed to certain lawyers who are eager to act as intermediaries in an adoption.

State Legislation

Laws affecting children going into adoption are scattered throughout the statute books. Besides laws that apply to the procedure of an adoption petition through the court, at least four other kinds of laws relate directly to adoption and to the three parties to it. These relate to:

1. Voluntary and involuntary termination of parental rights;
2. Relinquishment of the child and of the right to consent to adoption;
3. Licensing of child placing agencies, foster homes and maternity care facilities; and
4. Laws specifying who may and who may not place a child for adoption.

Every State has developed its own particular legislative framework surrounding adoptions. The points at which the forces of protection of children are brought to bear vary with States and communities. In some communities the case of every pregnant girl who is a minor and who becomes known to an agency is subject to review by the court or some authoritative agency to determine whether she is in need of special protections. Some States seek to protect the child born out of wedlock by requiring that the birth be reported to the department of welfare, leaving the responsibility with that agency to see what services are needed by the mother and child.

Other States bring their protective forces to bear at the time the child is placed in the adoptive home by requiring that this placement be made by a person or agency licensed to do so. Many States require an investigation after the adoption petition is filed which may occur after a child has been in a home some months or years. This may be a study of the adoptive home and the child by a social agency; in certain jurisdictions the requirement may be satisfied by a written report prepared by a person named by the adoptive couple.

Obviously, with all the variations that exist in State laws regulating adoptions, and particularly where no agency is designated to enforce the protections, any one or all of them can be evaded by any individual who wants to do so.

Take for example, the filing of the petition to adopt a child. Some States require that the adoption petition be filed in the State of residence of the petitioners. Usually an accompanying law requires a social study of the home of the petitioners. Thus, importance is given to establishing the suitability of the couple to adopt a particular child.

Other States have no such requirement. Any couple may file a petition to adopt a child without regard to their residence. This means that a couple found unsuitable to adopt a child in their home State might obtain one in another State, file their petition there and return home with the baby.

While many honest differences of opinion exist as to the criteria for selecting adoptive parents, most people would agree that some couples who want to adopt a child are not suitable prospective parents. Serious consideration should be given as to how children can be protected from adoption by couples who can neither offer the child a reasonably happy future, nor achieve happiness themselves by this route.

One of the desirable protections for all parties concerned in an adoption is that, once it is completed, the child not be disturbed by having two sets of parents. The safest way to prevent this is to provide for termination of parental rights and placement of the child in such a way that the natural parents do not know where the child is placed.

Some statutes which prohibit the placement by other than an authorized agency exempt the mother from this prohibition. This has inherent dangers for all concerned. Such a law recognizes certain parental rights without giving equal importance to the possible consequences. This and many other aspects of adoption call for a careful examination of the philosophy of the law to see how it can insure the rights and responsibilities of all -- the child, his natural and his adoptive parents.

What so often happens is that despite legal prohibitions, an unauthorized intermediary takes over, ostensibly acting for the mother. A person who knows an unmarried mother seeking to relinquish her child and a couple who wants to adopt one acts as the arranger between the two parties. The intermediary often defends his practice on the grounds that he is protecting the child and his adoptive parents. This is one of many situations where the independently arranged adoption can be done only by evasion, manipulation or actual violation of the law.

Two kinds of situations are being reported with sufficient frequency to give reason for grave concern. In one, the unmarried

mother registers in the hospital under the name of the "adoptive" mother. Presumably, the child is reported as born to the "adoptive" mother, and therefore is never adopted. This involves falsification of the birth record. The possible consequences of such falsifications are obvious. The child is left without a clearly defined legal status. And how can the parents help but live in fear that the falsification will become known? No matter how much a so-called adopted child is treated like one's own, the fact that he is not, is known to the people in whom the child is most likely to sense fear and uneasiness -- his parents. Such so-called adopted children are very likely to learn of their situation sooner or later. Experience is overwhelmingly in favor of the adopted child learning from his adoptive parents, his status in the family.

Another kind of legal situation that has inherent problems is that of the married woman whose husband is not the father of her child. Usually that child is recognized as legitimate unless proved otherwise, and therefore, the husband's consent to the adoption is required. If the mother does not want her husband to know of the child's existence and wants to release him for adoption, she faces legal as well as emotional problems. Such women have turned to the black market and to others who are unconcerned with such legal requirements. Certainly the best legal and social thought is needed to find a solution to these situations.

The matter of the mother's relinquishment of her child is an area where many abuses have been reported. Some of the most vicious cases that have come to light from the black market are those in which a girl has been frightened or coerced into signing a relinquishment before or immediately after delivery.

Frequently newspapers carry stories of contested adoptions. The natural or adoptive parents are dissatisfied with the arrangement. These cases are tragic in the damage and hurt they cause. The cases are comparatively few out of the total number of adoptions. But there are many cases in which great harm is done that don't make the headlines.

A young girl from a small town in Kentucky went to Detroit when she found she was pregnant. She told her family she had a job there. She found a friendly druggist who offered no answer to her first question, how to obtain an abortion, but volunteered to get her to a doctor who would give her medical care. The doctor assured her of maintenance, medical care, and sufficient money to start her on her way after the birth of her child. He knew of a couple who would pay all these expenses, if they could have the baby.

Detroit rigidly enforces a law that in any independent adoptive

placement the home must be studied before the child is placed in it. This means that if an individual has arranged the placement, the baby must first go into a temporary boarding home until a report is made to the court on the suitability of the adoptive home.

This girl delivered her child, was seen by the attorney of the adoptive couple, was released from the hospital, signed a relinquishment, and returned to her home telling her family only that she did not like working in Detroit.

The baby was taken to a temporary home to await the report to the court. In the meantime, the adoptive couple's own doctor examined the baby and found him to be abnormal. They refused to take the child. The attorney then got in touch with the girl at her home and told her she would have to come for her baby. Even though the girl had signed a relinquishment, she was still legally responsible for her child.

Sometimes the situation is in reverse. The adoptive couple takes the baby and is extremely happy with him. It is the girl who changes her mind. If her rights have not been terminated, and if she knows where her child is, she may contest the adoption with tragic results for every one concerned.

Can such contested adoptions be prevented? For the most part, yes. If the mother is helped with her emotional problems at the time she must make the decision to keep or give up her child, she is very likely to make a decision she can live with.

One of the most frequently reported characteristics of individuals who arrange adoptive placements is their lack of concern with the future of the natural mother. Besides a humanitarian interest in helping girls in trouble, another important reason exists for being concerned about their future. Most of them are in the early years of their child-bearing period. Most of them will have other children, hopefully in wedlock. The community has a real stake in helping these girls become stable wives and mothers.

Federal legislation has been suggested, and several bills have been proposed, aimed at preventing and controlling the black market.

One proposal would make it a Federal offense to transport a mother or a baby interstate for the purpose of selling the baby for adoption. The little specific information we have on black market operations indicates that the movement of the mother interstate, typically is voluntary and not controlled by the black marketeer. Similarly the transporting of the baby is by the adoptive couple. Therefore, the proposed legislation would not be effective in con-

trolling the activities of the intermediary. It is true that one of the black market rings that has been exposed and prosecuted involved the transporting of babies by an intermediary from Florida to New York where they were handed over to the adoptive couple but no recent information that any such rings are in operation is at hand.

Another variation in such suggested Federal legislation would make it an offense to transport a baby interstate in violation of the laws of the States involved. Where State laws are weak, such a Federal law would be ineffective. It would, however, help to keep responsibility within the States, and could be used to urge States to strengthen their laws.

The effectiveness of any law is determined by the community's attitude toward it. If the community does not know about the law, or knows about it but does not accept it, or accepts it but will not give money for the services required, the protections provided by the law can have little effect on the child.

More than twenty thousand children a year are placed for adoption by individuals with persons unrelated to them. We do not know how many of these lack adequate protections. We need to find out. But even more we need to find out what protections are essential and how they can be obtained.

Until the professions which are directly concerned can arrive at a concensus, there seems little hope that the black market and other unprotected adoptive placements can be prevented.

And so, the Children's Bureau submits that the first major problem we must consider in building safeguards around children going into adoptive homes is this: what are the medical, legal and social protections that all professions can agree on as being essential for these children, their natural, and their adoptive parents?

the conference underway



EACH REPRESENTATIVE at this Conference brought his own point of view to it. The organizations they came from varied widely in their primary purpose. The representatives themselves, differed in background, experience, philosophy. They were called together in the hope that out of this variety could be distilled some common understanding, perhaps some common understanding.

The members of the conference were like a patrol moving out into new territory - cautiously at first and then more confidently as they realized they were, after all, on the same mission.

The first objective seemed to be establishing a beachhead from which to move. Gradually the paths by which the group could move out together on to common concerns became clear -- and the discussion flowed around issues to which all could and did contribute.

OPERATION - STAGE SETTING

The first morning was devoted to reconnoitering around the edges of the problem. Some one would bring up an experience, state an idea, make an observation, suggest an item for discussion. Generally these were just thrown out to the group; and in a very real sense they represented a probing of the subject. Each individual began by exploring the area closest to him -- the area with which he was most familiar.

"Hard - to - Place" Children

The report to the conference had very little to say about "hard-to-place" children. For this reason, one of the first concerns expressed by the members was that we not overlook the needs of these children. Hard-to-place children -- non-white, school age and handicapped -- far outnumber the children vulnerable to the pressures of the black and gray market.

Probably the children of non-white mothers, approximately 96,000 a year, make up the greater portion of the hard-to-place group. It is estimated that there is only one applicant for every 10 such children available for adoption.

Agency vs Non - Agency Placements

Another member with great familiarity with the problems of unmarried mothers and their children rejected the idea that adoption could be handled as a side-line by lawyers and doctors, "Certainly with an attorney whose business is primarily otherwise than legalizing adoptions, or a physician whose major interest is otherwise than the placing of babies, it could only be accidental if they were as successful in adoptive placements as those whose business it is to really study the facts that are involved."

Is there any evidence to support the thesis that agency placements are more successful than those made independently? One member stated, "Frankly, I think it is an interesting point but not a terrifically vital one at this juncture. There are a lot more important things to find out. The question which type of placement is the most successful is not the basic one that underlies consideration here. It is the question whether or not adoption is a social institution rather than a private contractual institution -- and whether society as a whole has a stake or a vested interest in the placement of a child from his natural parents to some one else.

"And the basic thing we have to look at first is, do we need a socially-accepted, controlled-by-law, subject-to-public-scrutiny institution of some sort to protect all adoptions in the interest of the general public, the child, and other people? And that this is not something to be conducted by private individuals regardless of whether or not the outcome of their adoptions are as successful as agency adoptions."

Some members of the group, however, believed that research was needed on the question of the success of agency vs non-agency placements.

Federal Controls Questioned

The major "reconnoitering expedition" undertaken the first morning was into the area of legislative controls. Some probing comments centered around the possibility of Federal legislation prohibiting unsavory practices. A cautious note was sounded im-

mediately, "There is always a danger in trying to solve a problem like this by pulling a real tough criminal law off the shelves and thinking this is the answer."

Real concern was expressed that if you "impose a heavy overtone of criminality, you may lose more than you will gain. The mother is not a criminal, the baby is not criminal, the adopting parents are not. You have only this sort of peddler element and the first question is how large is it in relation to the whole."

The discussion on Federal legislation brought forth an expression of "antipathy towards anything which suggests that all problems in life are to be settled through the medium of Federal legislation and Federal appropriation". And so one of the things, "we should try to do here in this conference, is to decide what we believe should be the Federal role in this problem".

Definition of Terms

The group moved into a discussion of terminology -- a discussion resulting in descriptions rather than in definitions: "Black market" is not an accurate term to cover most of the practices that lead to unprotected adoptive placements. "Padded fees" for medical, legal or hospital services, while unethical, cannot be called black market practices, nor are they illegal. These are better described by the term "gray market" -- something that is within the letter if not the spirit of the law.

One member suggested that "You are not going to get either lawyers or doctors to declare individual placements unethical unless you can offer them something better."

The key to the legality of these questionable practices is, what constitutes placement? Is it the physical handing over of the child to the adoptive couple? Or is placement the whole gamut of arrangements that begin with locating a pregnant girl who thinks she will relinquish her child and a couple who wants to adopt one, negotiating for the expenses of the former to be paid by the latter, and finally, seeing that the baby gets to the adoptive couple? Many State laws are so construed that, for the transaction to be legal, the mother must actually hand the child to the adoptive couple, but all the intervening arrangements, which are an inherent part of the "placement" can be done, legally, by an intermediary.

After a good deal of discussion, the conferees recognized that there are "many groups opposed to any laws which although they may be aimed at the so-called black market, actually also affect the interests of professional groups who are in no sense engaged

in a black market, or a gray market. . . Rather than looking at laws we first have to look at ethics -- and unless we can get a common agreement as to what is desirable and ethical in terms of the professional groups involved, we will get nowhere in terms of laws."

Many of the points raised during this first session were to be heard time and again. They will be found as recurring themes throughout the conference.

PROFESSIONS IN THE FOREFRONT

The morning session, the chairman said, had been spent in "smoking out issues. Certainly the whole matter of education as mentioned by many discussants is one of considerable importance. The problem of extension of services was also discussed by a number of people -- and then some very important considerations concerning philosophic aspects of this problem, including ethical considerations as they relate to the practices of individual professions were put before us." In the afternoon the members examined certain areas more intensively.

Then they began to establish boundaries within which they could maneuver.

Three conference members representing medicine, law, and social work presented adoptions from the vantage point of their professions and the gist of their comments is reported here.

The Physician and Adoption

Dr. Samuel Karelitz, representing the Academy of Pediatrics described the various roles physicians assume in adoption practices, drawing upon his experience with the Louise Wise Adoption Center, New York City.

Physicians render service to the natural and adoptive parents, to the child, and to the agency.

An obstetrician selected by the mother or one on service at the hospital to which she is referred by the agency gives pre- and post-natal care to the mother and delivers her baby. The agency obstetrician reviews the obstetrical and gynecological history of the applicant for adoption in an attempt to determine whether in-

fertility really exists and the reason for it.

He concludes either that the couple is not likely to produce children or that such a possibility exists; in the latter case he recommends further study and treatment for their apparent infertility.

The internist reviews and interprets reports of the physical examination of the natural parent and of the adoptive parents. It is his task to detect serious illness which might be of significance in the prognosis of the adoptive parents. If an infant is accepted into a family constellation, we believe that he should have both a mother and father who are in good health and who have an average expectancy of life.

The pediatrician concerns himself with the infant or child to be adopted. He is frequently questioned whether an infant born of a mother with a disease or a genetic disturbance is suitable for adoption. He examines the baby in the first few days of life for defects and for any diseases.

After placement, and occasionally after adoption has been completed, the pediatrician may be asked to discuss problems which have arisen and to reexamine children who have or are suspected of having some defect.

It is important, and especially so for those who recommend early placement directly from the nursery, to know that the pediatrician is not infallible and should not be expected to detect all physical or mental disturbances in the first few days or weeks of life. In fact, he often fails.

In a period of fifteen years, the pediatricians associated with the Louise Wise Center have, on the first examination of the infant, found an appreciable number of defects which made these babies unadoptable. But they have also missed serious defects, mostly mental retardation, in nearly 5 percent of those examined in the first few weeks of life.

The psychiatrist serves the caseworker, the agency, the natural mother, the foster parents, and the child, and perhaps renders more service to the field of adoption than any other member of the medical profession.

Whenever indicated, specialists, neurologists, dermatologists, ophthalmologists, and others are called upon to help in the evaluation of medical conditions of children up for placement, or to give their opinion on the question of hereditary conditions.

Geneticists and anthropologists have been particularly helpful in problems of race and other hereditary conditions.

"Whether it is in the role of the physician who corroborates the suspected state of pregnancy, renders prenatal and postnatal care, and delivers the baby; whether as the family physician serving in the role of councilor to a distraught mother with an infant whom she cannot support; whether as the doctor being consulted about infertility by childless couples; whether as a member of the medical staff of a hospital, or as a member of a social agency interested in placing children for adoption, the physician is, or should be, an important link in the chain of personnel who participate in the practice of adoption."

Many doctors are unaware of existing social agencies in their communities, particularly those designed to help unmarried mothers. "Whether this is because the doctor is uninformed or the community lacks suitable facilities, or because he prefers to take matters into his own hands, the doctor is likely to act as intermediary between his patient and someone, a friend or acquaintance, who is eager to adopt a child. The mere fact that the adoptive parents eagerly desire a child is sufficient justification for him to recommend placement of this baby, about to be born, in their home.

"Under such circumstances, this physician is playing the role of a benefactor, although he is completely unaware of his limited qualifications for his action or of the disservice he is rendering this unborn child, its mother, and society at large. If properly oriented, he might be delighted to relinquish his role in adoption to others more suited for this work, provided such agencies are available."

Of course, Dr. Karelitz said, there is the physician, who though aware of the existence of adoption agencies, feels that by virtue of knowing both the unmarried mother and the adoptive parents, he is better able to consummate placement of this child with greater dispatch and secrecy than would be the case if a social agency were involved. He is often the one who avoids help from social agencies because "they are riddled with red tape, they employ favoritism in placing children," and so on.

"Finally, there is the physician, fortunately rare, who sees a chance of making some easy money by acting as part of a black market adoption team. This type of man probably will not be influenced by education alone. He can and must be put out of business by sound and enforceable legislation, I take it on the State level, and by whatever other measures can be made effective.

"In one of the hospitals I attend, no member of the staff is permitted to participate in the adoption of a child. . . unless he refers the mother to the social service department and they have a chance to work with her. This regulation is now included in the by-laws of the hospital, which means if you violate it, you no longer have a position on the staff. . . .

"At this point we must ask ourselves the following question: assuming that all infants and children in the United States being offered for adoption were to be referred to the existing agencies participating in this program, would there be adequate facilities to handle the caseload? I doubt that the existing social agencies, public or private, could at this time handle the large number of adoptions that take place each year.

"If we are to eliminate black market adoptions and sharply reduce gray market adoptions we must accomplish this by increasing facilities where they are now lacking or inadequate in number, and by improving the quality of those whose work is unsatisfactory."

The physician is and should be of considerable help in the practice of adoption, but "in order to fulfill his role, he needs to be informed, agencies must be available, and suitable legislation passed and enforced to prevent his participation in shady practice."

The Lawyer's View on Adoption

Mr. Junius Allison, Field Director, National Legal Aid Association, used a very vivid case example of the exploitation of an unmarried mother to illustrate the damage that can result from unscrupulous practice.

A pretty twenty-three-year old girl came to the Legal Aid Bureau saying she wanted to rescind a consent that she had signed and get her baby back.

She told a very bizarre story of what had happened before the birth of her baby and afterwards and signed an affidavit that implicated three lawyers and about four doctors.

She had gone to a particular doctor for an abortion and he had asked for \$300 to perform it. Her family lived in another State and she had no money and no friends. When the doctor found she couldn't raise the money, he said, "Why don't you place the baby or let me place the baby, and you will be paid during the time you can't work and we will see you are taken care of."

She had selected the hospital she wished to go to but she changed her mind when the doctor said, "If I place the baby, you will have to go to another hospital; one that I will select."

She told of a special waiting room in the doctor's office for some of his "more favorite" patients, all of them young girls who were about to have babies. And here she met a man she later learned was a lawyer, who handled the preliminary legal aspects of the case. At the time, she did agree to let them place the baby.

She had quite a difficult time in delivering her baby. The doctor didn't even come to the hospital for the birth and she was delivered by an intern.

Four days after the baby was born, the doctor came with the lawyer and the three took the baby to the doctor's car. The doctor drove three blocks from the hospital to a filling station. The lawyer got out with the baby, then came back without him. That's all the mother knows, except they then went to the courthouse where she signed a consent.

The doctor took her to her rooming house. Six days later, when she began to hemorrhage, she was taken back to the hospital in an ambulance. The doctor refused to come after the landlady had called several times. A hysterectomy was performed and she now, of course, can't have any children.

During this time she began to feel remorseful about her baby and to inquire about him. Finally she wanted to get the baby back. She was told it was entirely too late, that money had been paid, that she had been compensated for the baby, and an adoption petition had been filed.

It was about this time that she came to the Legal Aid Bureau for our assistance.

We filed a petition to revoke the consent. The doctor and the lawyer contended that there was no duress, no pressure on the girl to give up her baby. The doctor was asked by the attorney for the adoptive parents to come into court and testify but he refused to come. The court issued a subpoena during the trial for him; he came in with counsel and refused to testify on the ground that this might incriminate him. The judge after a long hearing, lasting more than a day, on the legal aspects of revoking the girl's consent, ruled there was no duress.

We then filed an amended answer stressing the religious difference between the adoptive parents and the mother. The judge

finally ordered the child returned to the mother, using as technical grounds the fact that the adoptive parents were of a different religious faith from that of the mother -- and such was unknown to her at the time of the surrender and signing of the consent.

It is clear however that the unfortunate events leading up to the surrender and those happening at the placement of the child influenced the Court.

The Court also referred the information to the Bar Association and the Medical Society for appropriate action against the lawyer and doctor involved.

After telling this story, Mr. Allison continued, "From my experience as a lawyer trying contested adoptions, I have found that the most sensitive area in the whole problem involves the separation of mother and child. The principal controversy usually relates to the manner in which the mother releases her baby and gives consent for adoption.

"I believe that if we could find some satisfactory way of helping the mother at the time of surrender, we could eliminate many law suits and heartaches for all concerned. Often in independent placements subtle as well as overt pressure is used to obtain the consent of the mother. In many cases there is little opportunity for the mother to make up her mind when she is free of economic handicaps and physical weakness.

"I know that you are probably thinking of the value of early placement, and so am I, but, I do not believe that an additional week or so reduces the chances of favorable adjustment of the child, and this delay can give the mother time to make a sound decision."

When all facts are looked at Mr. Allison said, "You can't help but be convinced that agency placements give the child a better chance of making a satisfactory adjustment. They give adoptive parents more assurance that the child they get is right for them and certainly they throw a cloak of protection around the mother who is giving up her baby.

"If we are to keep adoption in the judicial setting where I think it should be -- it would be tragic to move it out -- we lawyers and the judges have got to be more alert to the developments in other fields -- such as psychiatry and social work -- where certain specialists are available who can be of help to us. The welfare of the child should be a guiding principal that will require legislators to improve the letter of the law and the judges to emphasize the spirit of the law by calling upon every profession that can

make valuable contributions to our effort to guarantee every homeless child affectionate parents and an atmosphere where he can develop normally."

Social Agencies and Adoption

Mr. Joseph Reid, Executive Director, Child Welfare League of America, advanced the thesis that adoption is a social institution, not a private contractual agreement.

"Adoption, because of its implications to at least four groups -- the natural parents, the child, the adoptive parents, and society as a whole -- goes beyond the interest of simply two people making a private arrangement. Rather, it is something with which society as a whole has a right to be concerned, and around which appropriate social institutions have to be established.

"Whether these institutions are operated by social workers is not the basic issue. But certainly the base on which adoption practice is founded is the premise that adoptions should take place in a public agency -- public in the sense of its policies being open to public scrutiny and its operation being directed by a public group. . . .

"The next premise on which adoption practice rests is the fact that it is a child-centered program, not an adult-centered one. And this is an important distinction. Adoption agencies exist to find the best opportunity for a child; not necessarily to find children for adults. . . .

"Children who come out of the tragedy of illegitimate birth do have the advantage of having at least ten people who want to adopt them. And from the group, certainly regardless of what standards we agree upon, there ought to be one family that perhaps is a little better suited to care for that child than nine others.

"Social agencies are placing children in order to find permanent family homes for them. We are not placing children to save an unhappy marriage, to try to prevent a woman from having a psychosis, or for any of the other reasons concerned with fulfilling an adult's desire to have children. Rather, we are attempting to fulfill the child's right to have parents.

"Now, in the majority of cases, these two needs do complement each other, the adult's need to have children and the child's need to have parents. But social agencies do reject the concept that a couple has a right to children in and of itself; only if that right goes along with the needs of the child, do we favor placing a

child with them.

"Again, through a social institution, the protections provided a child are better than those that can be given by individuals, regardless of how well motivated they are. . . .

"Because social agencies do have at least a partial monopoly on adoptions in some communities, they have all the more responsibility to make certain that their practices are based upon known scientific evidence; that they are not social work agencies but adoption agencies where several professions work together; that perhaps more than any other social institution, they have a deep obligation to make certain that their practices are sound, that they are above suspicion, and that none of the common allegations that are made against adoption agencies (and many of them are true at least in some agencies) do take place. . . .

"In the United States today agency practices are changing so rapidly that studies of them are outmoded almost before they are finished. . . . You are running a grave risk of erring if you base an assumption on what exists in adoption practice on anything other than current knowledge. . . .

"Today more than 52 percent of adoption agencies are placing children within the first month of life, and are working very closely with related disciplines, medicine, psychiatry, genetics, etc., to solve some of the barriers that have been thought to exist to early placement. So when we talk about agency practice today, we are thinking about something that is not static and in which great changes are taking place. . . .

"Every area of adoption practice is being exposed to scrutiny. Obviously grave deficiencies exist in many aspects of social agency practice. . . . But again, to me, the obstacles are not the things that we should center upon. They should be identified. They should be exposed. They should be corrected. But they should not become beloved obstacles, obstacles that prevent us from examining what we have to examine carefully. . . .

"One of the reasons that social workers are very strongly in favor of social agency adoptions as such is that adoption is not something that can be done by one discipline; the geneticist, psychiatrist, the pediatrician, the obstetrician, the attorney, and many other disciplines, are needed in some adoption cases. And the average person, the average doctor or lawyer working alone is not in a position to call upon these disciplines. . . .

"And certainly those of us in the field know that until we have in every city and rural area of the United States resources availa-

ble so that no unmarried mother is turned away from social agencies because of the agency's lack of money, until that time much of our discussion today is academic. . . .

"To me, nothing would be more detrimental to the whole field of adoption than if a Federal law were passed tomorrow forcing all adoptions in social agencies. The entire thing would break down in two weeks for the simple reason the resources do not exist. . . .

"Only when we obtain the services that are needed to protect the children and parents involved will we get sound adoption practices, and that won't happen so long as the three professions -- medicine, law, and social work -- are deeply divided. . . ."

Other Professions

The interests and concerns of the nurses, hospital administrators and pharmacists were presented at various points throughout the conference.

Nursing -- "Nurses have a definite role to play, particularly the public health nurse, who often sees the young expectant mother very early in pregnancy, sees her in her own environment and has an opportunity to observe all the factors involved in her complicated social setting. The nurse is often the person who knows community resources and can refer this girl to the proper source for help.

"Following on into the hospital, hospital nurses really need to be apprised of plans that have been made for the mother and baby so that inadvertently she doesn't complicate the picture by making comments or giving advice that might be contrary to these plans and throw this young mother into a tailspin.

"Like other professional people, nurses need education in proper attitudes toward the unmarried mother and toward adoption procedures."

Adoption is a "subject that needs to be discussed within our own discipline, as well as among the various disciplines. . . I am sure that nurses don't understand too well what their responsibility is in this supporting program."

Hospital Administration -- "Education of the various groups involved" in adoptions applies to the hospital administrators who should "know what they can do about it and how they can help. Once told of their rights and their

duties, they are very helpful."

Several examples were given in which hospital administrators and doctors in hospitals worked out with social workers procedures to be followed in serving unmarried mothers and their children who were to be released for adoption. Where these procedures have been worked out jointly, they have worked to the satisfaction of all concerned.

Pharmacy -- Pharmacists, in the matter of adoptions, "initiate nothing in particular, nor do they have any specific remedies to supply, but they are a good group to have on your side when you are trying to educate people on social and health problems.

"Fifty thousand pharmacists in the United States contact about two hundred people a day as a minimum, which means some ten million contacts per day throughout the country. Health departments and others who have a message to communicate to people, at a time when they may or may not be in difficulty concerning their health or welfare, might well use this vast communication system that is available to perhaps a limited extent, but at any rate available on questions of this kind."

THE CHILD IS THE RALLYING POINT

"We keep talking about the rights of the mother, the rights of the professions, and the rights of the agency, and all this talk is under the title of protecting the child. At some point, I would like to hear someone give forth a sort of bill of rights for the child. What are the child's rights in adoption?" was the question that rallied the conferees around the crux of the conference.

No formal bill of rights was drawn up but many of the suggestions that came from the group at this point might well be included in such a document:

"Obviously, the child is entitled to protection from hunger and abuse."

"And to a relationship with his mother, if his mother qualifies."

"The child has a right to a legal status - and that concerns the court very much."

"...the right to receive from a parent the necessities of life -

also from the community all the things he needs to grow strong and healthy."

"... a right to his own personality and individuality."

"The child to be adopted, I hope we agree, has the rights any other child has - and I think each profession looking at him can see all of them, perhaps seeing those rights of concern to his own profession first."

"Any doctor is going to see this child as having the right to grow, to be strong physically, to have the medical care he needs - and often that means prenatal care for the mother which is just as important to the child as his pediatric care afterwards."

The rights of the three parties to an adoption - the child, the natural and adoptive parents - are not clear cut or mutually exclusive. They overlap and intertwine. "The basis for protecting the rights of these babies is offering to the mother protection and help in reaching this decision, being sure it is a sound and wise one and that she makes it under circumstances that are the best possible, so that we can be sure the adoption is good and the plan for the baby is good."

"Realistically, a girl who is pregnant and cannot work has to have a roof over her head; she has to have medical care. And when they are refused to her, she has to get them the best way she can. And these situations are going on daily," so began the discussion why unmarried pregnant girls turn to individuals instead of social agencies - and begin the chain of events that lead to unprotected placements.

Are these girls usually refused medical care and financial help? This question could not be answered with an unqualified "yes" or "no". Some girls will not ask for help from a social agency because they do not know where to go or they do not have confidence in how their information will be handled.

Public agencies to varying degrees do have provisions whereby they can make medical care and financial assistance available, "but in almost every situation they are only available under certain conditions."

These are conditions for the most part that are specified in the law regarding determination of legal settlement or residence and establishing eligibility for financial assistance. Most public agencies are not in a position to expend tax funds unless these factors are determined. This may mean letting other people know of the girl's pregnancy -- public officials in her home county or her parents. "The process required in making these determinations involves exactly the thing that the girl is trying to run away from.

Services are available to her on terms that, for all practical purposes, make them unacceptable."

"A growing number of Community Chests are passing restrictive regulations that are very comparable to the restrictions in public laws. . . . chest funds may not be spent on a nonresident thus forcing agencies to go back to the town of residence or to the parents of the girl, which means the case is lost, right then and there."

These terms also make it difficult for physicians to get girls to social agencies. "It is sometimes quite a task to persuade a girl that a given agency will protect her interests. She is rather sold on the idea that these are public officials, that their records might be open to public scrutiny. If a doctor wants to get an individual into the hands of an agency, he has to work on it."

"Should public funds be expended with no questions asked, with no attempt to establish 'eligibility'?" The group faced but did not resolve this question of public policy. Individuals who make a business of placing babies ask no questions -- and because this is true, these girls go to them.

Very few cities in the United States have adequate free or part pay medical resources for unmarried mothers, and adoption resources for children and adoptive couples. In some cities adoption resources are practically nonexistent for Negro unmarried mothers and their babies.

"Free medical resources are operated for the low-income group, the group in the lower 10 percent of the socioeconomic ladder. Sometimes medical care is available by hook or crook for nonresidents who come in. But I often wonder what they have to go through to get it."

The group seemed to agree that "unless community services are available to meet the needs of the child who is to be born, the mother who is to have the child, and the prospective adoptive parents, we will continue to be in a dilemma".

"Fences at the top of the precipice" was the description used by one conference member in discussing preventive measures. This point was picked up by another who directed attention to the "motivation of the unmarried mother, why she is an unmarried mother. . . . Somewhere along the line we should take into account those services which direct themselves to youth counseling, etc."

WORK GROUPS REPORT

A combined work-social session was planned for the evening of the first day. The chairman in closing the afternoon session said, "This group has been very remarkable. Any time we have been tempted to over simplify, some one has pointed out the tremendous complexities of the problems we are dealing with - problems we have come face to face with during the day."

For the purposes of this evening session members were divided into four groups, each representing a cross section of the conference. A broad topic was assigned to each group; all were asked to consider what additional information is needed to move ahead in protecting children, their natural, and their adoptive parents. Each group selected one of its members to report the next morning and the gist of these reports and the discussion of the points they covered appears here.

Group I - Philosophical and Ethical Considerations

We agreed on the fundamental premise that every child has the inalienable right to a home where love and affection give a normal opportunity for healthy growth.

Ideally, the child's natural parents provide his home. Where this is not possible, society must furnish certain substitutes. Even the so-called "unadoptable" child, which is just a label, has a right to family living. Of the substitutes offered to the child who cannot remain in his own family, adoption properly conducted seems to be the best.

Good legal machinery for the separation or relinquishment of the child is essential. Only court action can legally remove a child from his natural parents. The mother of a child born out of wedlock has the same rights, moral and legal, as the parent of a legitimate child. A mother should not be forced by financial pressure to give up her child.

The caseworker must utilize the skills of other professions to meet the needs of mother and child, and to help the mother to make a decision she can live with the rest of her life. This decision should be reached as quickly as possible so that if the child is to be given for adoption, he can be placed in a permanent home

early and thus eliminate multiple placements.

The exact point in terms of age at which the baby should be placed in a permanent home is a balance between the time necessary for a sound decision by his mother and the age where the separation and change may damage the child.

The adoptive family should offer the same opportunities for growth as the natural family.

The study and the actual placement of the child in an adoptive home involves team work. No one individual has within himself all of the resources and skills needed to do this job, and for this reason, placements are best made in a community-sponsored setting - by an agency organized for this purpose.

Confidentiality is the key to service to the unmarried mother. The lack of confidentiality, more than any other single factor, drives girls to independent plans.

The following factors should not be permitted to stand in the way of a child's movement into a permanent home although these do need consideration:

Race or religion of the child's parents.

Arbitrary matching of physical characteristics.

Physical handicaps.

Over-emphasis on financial status of the adoptive family.

Residence requirements for service and medical care to an unmarried mother or her child.

Agency policies.

We were unanimous in disapproving the placement of children for personal profit but firm in the belief that fees for professional services are acceptable.

Good social practice and progressive modern law support and sustain each other. These in turn are supported by the other sciences and professions relating to children.

Finally, service should not be hampered or delayed by the structure and function of an agency. The agency must be flexible and willing to fit the client, rather than requiring the client to fit the agency.

Group 2 - Education

This group reported that probably the first thing to be considered was the "education of the educators". People who are preparing for the various professions need some understanding of adoption. This would mean incorporating material on adoption in courses in schools of social work, medicine, hospital administration, nursing, law and theology.

If we are going to do things that will count in the future, for example in the medical group, the time to start their education on adoption is when they are in school getting their general concepts of medicine.

The best way to disseminate knowledge to professional people now in practice is through national professional associations. Round tables and panels, because of their informality, offer good possibilities.

Sharp differences of opinion arose around the education of "the public". The point of view expressed in the report was that until the professional groups are thoroughly convinced that they have the problem pretty well organized in their own minds, and a program organized that would meet the problem, it might be better not to try to educate the public at this time. Some disagreed with this view believing that the story should be told to as many people and as effectively as possible.

Another dissenting voice was heard to the effect that "there is not as much lack of information as we say". Rather because "each group has gone its own way and not shared the information it has", we are faced by the serious problem of "finding a means of communication among these different professions."

Giving the public the facts about the problems in adoptions is a logical responsibility of those who are close to these problems. This is quite different from promoting certain specific patterns of service.

Several examples were cited in which members of the several professions had written articles on various aspects of adoptions for professional journals and popular magazines. Many States and local agencies have issued folders and pamphlets telling about resources for unmarried mothers. In the area of the hard-to-place child, major publicity efforts are under way in a number of communities and are directed toward recruiting adoptive homes for these children.

Advertising is used extensively by commercial maternity homes, operated strictly on a profit basis, to attract unmarried pregnant girls who want to relinquish their child. Not infrequently black market practices are built up around these organizations.

In some of the cities where this has occurred social agencies and legitimate medical resources have inserted ads in personal and classified columns. . . trying to make known to the unmarried mother the fact that there are other resources available. Both the need for and effectiveness of such publicity directed to the unmarried pregnant girl is evidenced by the number of girls from all over the country who have responded with a request for help.

Group 3 - Extension of Services

Adoption is one culturally accepted practice of handling the placement of infants of illegitimate birth. Another alternative is providing the necessary total services that would enable the unmarried mother to rear her own child in a culturally healthy environment. This is an ethical question.

Basic to the extension of services is an increase in the number of professional workers with special emphasis on social work, psychology and psychiatry.

Members also agreed that what they were talking about was an increase in the number of facilities rendering total and complete care of the unmarried mother from early pregnancy through the carrying out of her decision regarding adoption.

The group recommended the removal of legal and residence barriers to the use of public and Community Chest funds for unmarried mothers and their children.

The group urged reconsideration of the basic philosophy which seems prevalent in the United States, that the mother has the right to place her own child. It is this particular philosophy which opens the door to placement outside of agencies -- the black and gray markets. Should not the child have protections against indiscriminate placement no matter who is responsible for him?

How can professional people in law, medicine, and religion be better prepared, with agency assistance, to handle unmarried mothers and adoptive parents? It is a real professional responsibility, particularly on the part of these three professions, to state their own position in clear terms for the guidance of their own members.

Education of the public is important. This was in sharp contrast to the report of the work group on Education. Mass communications media as well as pamphlets can be used in orienting adoptive parents and in informing unmarried mothers about services.

Working with prospective parents in groups was seen as a way of conserving staff time and reaching more adoptive applicants. If these prospective parents could be reached by the agencies in this way, they might be "friends rather than enemies". This point was emphasized because would-be adoptive parents who fail to get a child from an agency turn to other sources for children.

Agencies should scrutinize closely any rigidity in their practices which prevent placement of the hard-to-place child. Services for such children should be extended by actively recruiting homes, especially for children of minority races.

More research is needed on such questions as: What is the extent of resistance to adopting older children? Why is there such resistance? How can it be overcome? What are the factors in successful adoptions of children? How can the ratios of 10 applicants for each white child and 10 non-white children for each applicant be brought into closer balance?

Group 4 - Legislation

The problem of the black market is intensified by the lack of or inadequate State legislation with respect to licensing, standardizing, and supervising placing of children for adoption. Legislative measures providing penalties for knowingly violating the law are also lacking.

The consensus of the work group was that no type of Federal legislation was needed to control the black market. This brought forth an immediate "why"? By the time a variety of opinions got aired and sorted, the following points had been presented and had received some degree of support.

1. Any Federal legislation that might be passed to control the black market could deal only with the most flagrant violators which is a very small percentage in this whole picture.

2. Under the Constitution the Federal Government has no regulatory jurisdiction over such matters as adoptions. It can invoke repressive jurisdiction as it has done in the Mann Act, in controlling kidnapping and other vices that operate across State lines. But to bring that kind of repressive mechanism into the picture

would be a very grave mistake. Also, if a Federal law were passed, it would be very difficult to enforce.

3. Regulation of adoptions is more of a State than a Federal problem, and to bring about any desirable change, it must be done at the State level. For this reason, we want to place emphasis upon States and to encourage the States to sharpen up their own administration of their laws as well as to strengthen the laws themselves.

4. But the possibility of Federal legislation to control the black market should not be completely abandoned. If at any time the evidence shows there is inter-state traffic that is beyond the control of the States and can be controlled by a Federal law, the possibilities of Federal legislation should be considered.

5. Many of the practices described at this conference are not in themselves illegal, but they are unethical, and the initiative in changing them should come from the various professions, law and medicine primarily, in policing and restricting the activities of their members.

6. The drafting of model adoption legislation that covers the whole adoption process, the kind of act that the States want and the Federal Government wants might well be one of the out-growths of this conference.

The Uniform Adoption Act

The Uniform Adoption Act,⁴ prepared by the National Conference of Commissioners on Uniform State Laws, is an effort in this direction. It deals primarily with the purely legal aspects of adoption. However, it has several provisions which, if incorporated into all State laws, would plug some of the loopholes which now permit unprotected placements.

The Act calls for the filing of the petition in the State of residence of the adoptive couple.

⁴ Uniform Adoption Act. Drafted by the National Conference of Commissioners on Uniform State Laws and by it Approved and Recommended for Enactment in All States at its Annual Conference Meeting. . . Boston, Mass., August 17-22, 1953. Approved by the American Bar Association. Iowa Law Rev., 40: 329-335 (Winter, 1955).

The consent of the mother may be withdrawn or revoked only when the court finds it is in the best interests of the child that that be done.

The Act provides for two investigations, one at the time the child is placed, and an additional one before the final order is entered six months later. It suggests but does not limit the investigation to social agencies.

The report of the social agency to the court shall have a recommendation for or against the adoption, and the report shall be made a part of the court records which are confidential and shall be sealed.

Since the common law did not provide for adoption, many States provide that any act in derogation of common law must be strictly construed. Thus, some defect in the petition may be grounds for invalidating the adoption at a later time. The Act is intended to be broadly construed to prevent such invalidations.

But despite all the safeguards that can be written into the statutes, the "spirit of the law" determines the protection it can provide.

Intercountry Adoptions

Federal action is indispensable in inter-country adoptions. Proxy adoption of foreign children should be barred. The provision permitting proxy adoptions was set up to facilitate the adoption of a related child or the adoption by the husband of a wife's child. But it was never intended to be used to complete an adoption where no social relationship has existed. The Refugee Relief Act includes some safeguards but they need to be strengthened along the lines of social information that must be made available to a consular officer before he can issue a visa for bringing a child into the United States for adoption. These safeguards do not exist in our basic immigration law, and they should, incorporating some of the knowledge gained under the operation of the Refugee Relief Act.

We are very directly concerned with the large number of adoptions by Americans in foreign countries. As long as it is necessary to maintain approximately a million and a half men in the military overseas what happens to the children of these men becomes a social and a political problem.



toward the future

A day and a half had passed and the "bands of the spectrum" had been viewed. Each profession and many interests had had their say. Now the time had come for taking stock, for making suggestions, for a last look at major issues, for looking ahead.

Practically every aspect of the adoption process came into the conference discussion in one way or another. Few of the questions and problems were thoroughly explored. None were completely resolved. Many had implications far beyond the scope of the conference. Embedded in the discussion were some guides to the future - some signals that could direct groups and communities to move in the right direction in building protections for children.

Protections for children begin with protections for natural parents. Consequently medical, legal, and social services for the unmarried mother are the first line of defense.

When adoption is the goal for the child, he must be the starting point. Without a child, adoption does not exist. It is the child who needs a new family that starts the whole adoption process. So long as there are a sufficient number of homes from which to select one suited to the child, the answer to the child's needs seems at hand. The problems arise in the adoption process when the "starting point" is other than the child -- when it is the natural or the adoptive parents and their needs. If the basic rights and needs of the child to be adopted are kept in focus, the rights of natural and adoptive parents fall into their proper place.

The problems that arise in adoptions often have their origins in areas that seem far removed: professional ethics, cultural patterns, moral implications of behavior, State's rights, parental rights, public policy and the use of tax funds, religious rights and prerogatives, international relations.

Where does the responsibility lie for assuring to each child that he is the "starting point" for his particular adoption? Can

that responsibility be divided among several individuals? Or must society establish the framework within which all the broader areas can be kept in perspective while at the same time the needs of the child remain paramount?

A community or a State that answers the latter question in the affirmative is ready to take up the many corollaries that follow: provision of medical and social services and financial assistance for the unmarried mother wherever she may be; a sound legal structure that assures the child, the natural and adoptive parents their legal rights; the application of the best knowledge and skill of all professions to serve the best interests of the child, natural and adoptive parents. These corollaries call for new facts, new explorations, new approaches to meeting the needs of people who cannot find a solution by their own efforts alone.

Without agreement among the many professions involved and within the community as to where responsibility lies for the adoptive placement of a child, all three -- the child, the natural and the adoptive parents -- will remain exposed to hazards. With agreement the future holds promise.

This Conference was made up of representatives of national organizations for the reason that their leadership is decisive in achieving agreement. The values carried back to the membership of these national organizations from this Conference -- and similar conferences -- represent a long step toward better protections for all children going into adoption.

Out of the conference discussion came suggestions that:

The various professions be encouraged to examine their individual and joint roles in adoption.

The Department of Health, Education, and Welfare explore the further use of Federal funds "to enable States to give service to the nonresident unmarried mother and her child, in order to wipe out the restrictions based on residency."

The Children's Bureau continue its efforts to gather, analyze and disseminate all available information on unprotected adoptive placements.

This conference be called to the attention of the Federal Interdepartmental Committee on Children and Youth and the technical advisory committee of the Orphan's Program of the Refugee Relief Program, Department of State.

The deliberations of this conference be brought to the attention of the planning committee of the White House Conference on Education.

One suggestion developed into a specific recommendation:

"That the Children's Bureau assume responsibility for stimulating interest within each State to have a conference similar to this one."

In his closing comments the chairman said, "The enlightenment which each of us has experienced" makes it possible for us to "go forward with new meaning in relationship to this problem. And move with the feeling that we have an educational mission to the professional groups we represent. . . ."

"This problem has been placed in its perspective. We have considered the problems of children, natural and prospective adoptive parents, the attitudes and feelings of all of us as professional workers, and the attitude and feelings of the people with whom we work. . . . We have done this constructively."

Perhaps one member set the bench mark against which this conference could be measured in the future:

"As I listen to people discussing ways of exploring and learning about what is happening in unprotected adoptions, I think it is good. But it is good only as our understanding is translated into the services that we have said are required to protect these children -- the medical services for the mother without regard to residence, child welfare services, financial assistance. All of our understanding of these problems will be of little value unless we use it in a concerted attack upon the obstacles between us and total service."

*invitation and
attendance list of
representatives
of national organizations*



conference
chairman

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Up State Medical Center
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American Public Health Association

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FREDERICK H. FALLS, M.D.
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Community Chests and Councils of America*

American Law Institute*

Council of Jewish Federations and Welfare
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American Medical Association*

MR. THEODORE G. DRISCOLL
Council of State Governments

MISS JULIA THOMPSON
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National Bar Association*

National Medical Association*

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MR. JOHN G. THEBAN
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MISS VIRGIL PAYNE
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National Association on Services to
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RT. REV. MSGR. JOHN O'GRADY
MR. DAVID P. DOYLE
National Conference of Catholic
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HON. ALFRED D. NOYES
HON. HUGH REID
National Council of Juvenile Court
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MISS EVELYN SHIDLER
National Travelers' Aid Association

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Protestant Episcopal Church
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COL. RUTH PAGAN
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The Salvation Army

YOUNG WOMEN'S CHRISTIAN ASSOCIATION,
National Board*

Young Women's Christian Association,
National Board*

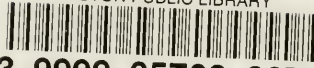
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